

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11904

Reg. Dist. No. 64

## 1. PLACE OF DEATH:

County CarolineCity or town Federalburg, Md. R.F.D.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 yrs.

Hospital, institution, or street address where death occurred:

R.F.D.How long in hospital or institution? none

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State                      County                     City or town                       
(If outside city or town limits, write RURAL and give nearest town)Street No.                       
(If rural, give LOCATION)2.(a) If veteran, name war no

## 3.(a) FULL NAME

Laura Belle Adams

## 3.(b) Social Security Number

no

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Fem. white widowed6.(b) Name of husband or wife Elisha E. Adams  
deceased 6.(c) If alive, give age                      years7. Birth date of deceased (mo., day, yr.) June 15, 18718. AGE: Years Months Days If less than one day  
75 6 13                      hrs.                      min.9. Birthplace near Bridgeville, Del.  
(Town, county, and state)10. Usual occupation housewife11. Industry or business H12. Name unknown13. Birthplace H14. Maiden name Sallie Williamson  
Del.

15. Birthplace

16. Informant Herman Lankford  
Address Federalburg, Md.17. burial Date thereof 12-30-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Bloomery Cem.Location Federalburg, Md. R.F.D.18. Funeral director Harvey WilliamsonAddress Federalburg, Md.19. 1/6 47 J. J. Harris  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 28th. 19 46 at 2 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 28 P 19 46 to December 28 P 19 47  
and that I last saw him alive on December 28 P 19 47Immediate cause of death Coronary  
Thrombosis DURATION 12/28/46Due to Arteriosclerosis unknownDue to                     Other conditions                     

(Include pregnancy within 8 months of death)

Major findings of operations                     Date of op.                     Autopsy results                     

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide                      Date of                     

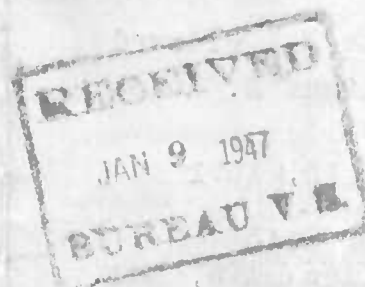
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)                     Means of Injury                      Injured at work?                     23. SIGNATURE Metzler M.D.Address Bridgeville, Delaware Date signed 1/2/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-22

11905

## CERTIFICATE OF DEATH

Reg. Dist. No. 610

## 1. PLACE OF DEATH:

County Caroline  
 City or town Greensboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 8 yrs.  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)  
 State Maryland County Caroline  
 City or town Greensboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Fanny B. Beckham

## 3. (b) Social Security Number

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Benjamin7. Birth date of deceased (mo., day, yr.) Jan. 26 - 1876 8. (c) If alive, give age 73 years8. AGE: Years 70 Months 10 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Culpeper, Va.10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name James Barbour13. Birthplace Va.14. Maiden name Fanny Beckham15. Birthplace Va.16. Informant Benjamin BeckhamAddress Greensboro, Md.17. Burial Date thereof 12/11/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory GreensboroLocation Greensboro, Md.18. Funeral director Raymond B. RawlingsAddress Greensboro, Md.19. Dec. 10, 1946 Registrar L. M. Phipps  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1946 at 12 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 6 1946 to Dec 8, 1946  
and that I last saw him/her alive on Dec 8, 1946

Immediate cause of death

Cerebral HemorrhageDue to Cerebral HemorrhageDue to Cerebral Hemorrhage

Other conditions \_\_\_\_\_

(include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

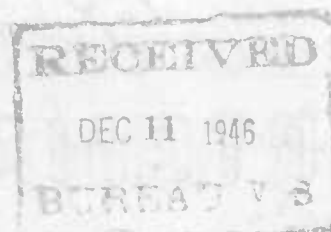
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Charles H. Howard, M.D.Address Greensboro, Md. Date signed 12/9/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 958

## CERTIFICATE OF DEATH

11906600  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Goldsboro  
 City or town Goldsboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 1/2 yrs.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution? ✓

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Caroline  
 City or town Goldsboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION) ✓  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Virginia Melvin Buckson

## 3. (b) Social Security Number

✓

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife W. C. Buckson  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Dec. 12 1880  
 8. AGE: Years 66 Months 0 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Centerville Queen Annes Md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business ✓

MOTHER FATHER 12. Name John W. Wood  
 13. Birthplace Md.

14. Maiden name Offongas Dough  
 15. Birthplace Md.

16. Informant Mrs. Harvey Shively  
 Address Goldsboro Md.

17. Burial Date thereof 12/19/46  
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Greensboro  
 Location Greensboro Md.

18. Funeral director Raymond B. Rawlings  
 Address Greensboro Md.

19. 12/18 19. 46 Q. C. Smith  
 (Date reg'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 19. 46 at 6:52 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/15 to 12/16 and that I last saw her alive on 12/15

Immediate cause of death Heart Failure

Due to Arteriosclerosis 5 yrs  
Heart  
 Due to Myocardial 20 yrs  
Infarction

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. Silver M. D. or other \_\_\_\_\_

Address Goldsboro Md. Date signed 12/18/46

RECEIVED

DEC 23 1946

RECEIVED

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

11907  
Reg. Diat. No. 648

## 1. PLACE OF DEATH:

County Caroline  
 City or town Federalburg - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 24 years  
 Hospital, institution, or street address where death occurred:  
Waldenwood  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Federalburg - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Waldenwood  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Edward Cook

## 3. (b) Social Security Number

166-05-7262

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Jane A. Cook6. (c) If alive, give age 70 years

## 7. Birth date of

deceased (mo., day, yr.)

November 25, 1872

## 8. AGE:

Years

74

Months

0

Days

14

If less than one day

hrs.

min.

## 9. Birthplace

Trenton, New Jersey  
(Town, county, and state)

## 10. Usual occupation

Military Guard

## 11. Industry or business

Bureau Detective Bureau

## FATHER

## 12. Name

John P. Cook

## 13. Birthplace

Germany

## MOTHER

## 14. Maiden name

Annie Houstead

## 15. Birthplace

Germany

## 16. Informant

Mrs. Jane A. Cook

## Address

Federalburg, Maryland, R.F.D.

## 17. Burial

(Burial, cremation, or removal, Which?)

## Date thereof

December 12, 1946  
(month) (day) (year)

## Cemetery or crematory

High Crest Cemetery

## Location

Federalburg, Maryland

## 18. Funeral director

J. J. Frampton and Son

## Address

Federalburg, Maryland19. Dec. 11<sup>th</sup>

(Date rec'd by registrar)

1946

J. J. Frampton

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1946, at 12 Noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 9 1946 to December 9 1946  
and that I last saw him alive on December 8 1946Immediate cause of death Coronary Thrombosis

## DURATION

6 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Generalized arteriosclerosis5 years

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_

Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE

Joseph M. Anderson M.D.

M. D. or other

Address Federalburg, Md.Date signed 12-10-46

RECEIVED

DEC 17 1946

BUREAU

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74-2)

## CERTIFICATE OF DEATH

Reg. Diat. No. 11908 620

## 1. PLACE OF DEATH:

County..... Essex  
 City or town..... Near Ridgely  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 5 years  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... MD County..... Caroline  
 City or town..... Near Ridgely  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Daniel Keller Crouse

## 3. (b) Social Security Number

4. Sex..... M. 5. Color or race..... W 6.(a) Single, married, widowed, or divorced..... Widower

6.(b) Name of husband or wife..... Euna Gibbs Crouse7. Birth date of deceased (mo., day, yr.)..... Oct. 4<sup>th</sup> 1862

8. AGE: Years..... 84 Months..... 3 Days..... 9 If less than one day..... hrs. .... min.

9. Birthplace..... Buck County Penn.  
(Town, county, and state)10. Usual occupation..... Retired Farmer

11. Industry or business.....

12. Name..... John Crouse13. Birthplace..... Penn.14. Maiden name..... Elizabeth Keller15. Birthplace..... Penn.16. Informant..... Resuras CrouseAddress..... Denton, Md.17. Burial, cremation, or removal. Which?..... Buried Date thereof..... 12-14-46  
(month) (day) (year)Cemetery or crematory..... Denton CemeteryLocation..... Denton, Md.18. Funeral director..... J. Virgil Moore & SonAddress..... Denton, Md.19. 12/12 46 M & O Glenn  
(Date rec'd by registrar) (Year) (Month) (Day) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Dec. 11 1946, at 3 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death.....

Died suddenly. Cardiac

Due to..... asphyxiation - sudden

had been ill two yrs.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Winston T. JonesAddress..... Denton Date signed..... 12/13/46

Address..... Date signed.....

RECEIVED

DEC 16 1946

BUREAU V B

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11909

Reg. Dist. No. 620

## 1. PLACE OF DEATH:

County Caroline  
 City or town Denton, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 yrs  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Caroline  
 City or town Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Charles Griffin, Deid.

7. Birth date of deceased (mo., day, yr.) Sept 21, 1871  
 6. (c) (a) live, give age \_\_\_\_\_ years

8. AGE: 75 Years 2 Months 28 Days If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Denton, Maryland  
 (Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name John Cuths13. Birthplace Maryland14. Maiden name Mary Williams15. Birthplace Maryland16. Informant Mrs. John RichardsAddress Denton, Maryland

17. Burial Date thereof 12-31-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory DentonLocation Denton, Maryland18. Funeral director J. Virgil Morris & SonAddress Denton, Maryland

19. Dec 30, 1946  
 (Date rec'd by registrar) Registrar W. D. Jones

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1946, at 12 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4, 1946 to Dec. 26, 1946  
 and that I last saw him Dec 28 alive on Dec 28, 1946

Immediate cause of death \_\_\_\_\_

DURATION

Due to Chronic Hypertension 2 yrs  
Arterio Sclerosis 3 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE James D. Jones M. D. or other \_\_\_\_\_Address Denton Date signed 12/30/46

RECEIVED

JAN 3 1947

BUREAU

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 660

11910

## 1. PLACE OF DEATH:

County Caroline  
 City or town Ridgely Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death 20 yrs.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Caroline  
 City or town Ridgely Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Willie Alberta Griffin

## 3. (b) Social Security Number

4. Sex F. 5. Color or race B. 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Thomas H.7. Birth date of deceased (mo., day, yr.) Oct. 20 - 1884 6. (c) If alive, give age years8. AGE: Years 62 Months 1 Days 12 If less than one day hrs. min.9. Birthplace Wynneck, Talbot, Md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name No Record13. Birthplace No Record14. Maiden name No Record15. Birthplace No Record16. Informant Benny GriffinAddress Ridgely Rural17. Burial (Burial, cremation, or removal, which?) Burial Date thereof 12/7/46  
(month) (day) (year)Cemetery or crematory AlbentonLocation Albenton, Md.18. Funeral director Raymond B. RawlingsAddress Tredwoboro, Md.19. Dec 7 1946 Registrar J. Davis  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2 1946 at 7:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 1946 to Dec 2 1946 and that I last saw him alive on Dec 2 1946Immediate cause of death Chronic Myocarditis  
Intermittent  
Cardiac Failure Disease

## DURATION

6 moDue to Chronic MyocarditisDue to Cardiac Failure Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul A. Humphreys M. D. or otherAddress Frederick, Md. Date signed 12/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 10 1946

BUREAU V &

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

## CERTIFICATE OF DEATH

11911

Reg. Dist. No. 640

## 1. PLACE OF DEATH:

County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 years  
 Hospital, institution, or street address where death occurred:  
Reliance Road  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Reliance Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Carrie Griffith

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Jerome Griffith  
 6.(c) If alive, give age 77 years  
 7. Birth date of deceased (mo., day, yr.) May 13, 1883  
 8. AGE: Years 63 Months 6 Days 21 If less than one day  
 .....hrs. ....min.

9. Birthplace Sussex County, Delaware  
 (Town, county, and state)  
 10. Usual occupation Housework  
 11. Industry or business Home  
 FATHER 12. Name Metzer Johnson  
 13. Birthplace Sussex County, Delaware  
 MOTHER 14. Maiden name Laura Collins  
 15. Birthplace Sussex County, Delaware

16. Informant Jerome Griffith  
 Address Federalburg, Maryland  
 17. Burial Date thereof December 6, 1946  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Heel Creek Cemetery  
 Location Federalburg, Maryland  
 18. Funeral director J. J. Frampton and Son  
 Address Federalburg, Maryland  
 19. Dec 6 19 46 J. J. Frampton  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 19 46, at 7:45 A. M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec 4 19 46, to Dec 4 19 46  
 and that I last saw him alive on Dec 4 19 46  
 Immediate cause of death Cerebral hemorrhage DURATION  
4 hours  
 Due to  
 Due to  
 Other conditions Hypertension Unknown  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?  
 23. SIGNATURE Frank B. Anderson M.D.  
 Address Federalburg, Md. Date signed 12/6/46

RECEIVED

DEC 17 1946

BUREAU

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-20

## CERTIFICATE OF DEATH

11912 610  
Reg. Diat. No. 64

## 1. PLACE OF DEATH:

County Caroline  
 City or town Greensboro - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 months  
 Hospital, institution, or street address where death occurred:  
Greensboro - Bunsville Road  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Greensboro - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Greensboro - Bunsville Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Rachel E. Hignutt

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife William J. Hignutt  
 6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 24, 1866  
 8. AGE: Years 80 Months 6 Days 14 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Caroline County, Maryland  
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

12. Name John E. Nichols

13. Birthplace Caroline County, Maryland

14. Maiden name Henrietta Smith

15. Birthplace Caroline County, Maryland

16. Informant Mrs. Wallace Harper

Address Greensboro, Maryland, R.T.O.

17. Burial Date thereof December 10, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory West Crest Cemetery

Location Federalburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalburg, Maryland

19. December 10 19 46 J. J. Frampton  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 19 46, at 2:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1 19 46 to Dec 8 19 46 and that I last saw her alive on Dec 7 19 46

Immediate cause of death  
Chronic Nephritis  
permeated  
arteriosclerosis  
cardiac muscular disease  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

## DURATION

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Charles H. Housh M. D. or \_\_\_\_\_

Address Greensboro, Md Date signed 1946

RECEIVED

DEC 21 1946

BUREAU

2-55-

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47d

## CERTIFICATE OF DEATH

Reg. Dist. No. 11913610

### 1. PLACE OF DEATH:

County Caroline  
City or town Greensboro Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 4 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Caroline  
City or town Greensboro Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION) ✓  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Clarence E. Hollingsworth

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Anna  
6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Sept. 26 1872

8. AGE: Years 74 Months 2 Days 15 It less than one day hrs. min.

9. Birthplace Goldsboro Caroline Md.

10. Usual occupation Railroad Employee

11. Industry or business

12. Name Henry Hollingsworth

13. Birthplace Md.

14. Maiden name Eizabeth Jones

15. Birthplace Md.

16. Informant Mrs. Anna Hollingsworth

Address Greensboro Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof 12/14/46

Cemetery or crematory Greensboro

Location Greensboro Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro Md.

19. Date rec'd by registrar Dec 14 1946 Registrar L. M. Pippin

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 19 46 at 1220 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19 46 to Dec 11 19 46 and that I last saw him alive on Dec 11 19 46

Immediate cause of death Carcinoma of lung DURATION 8 mos.

Due to

Due to

Other conditions Residual Hemiplegia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Charles E. Hollingsworth M. D. Dec

Address Greensboro Md. Date signed 12/14/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 17 1946

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1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-1

## CERTIFICATE OF DEATH

11914  
Reg. Dist. No. 620

## 1. PLACE OF DEATH:

County Baltimore  
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? life  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MD County Caroline  
City or town Neckton  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

## 3. (a) FULL NAME

William Arthur Haet

## 3. (b) Social Security Number

218-05-1774

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M. W. Single

## 6. (b) Name of husband or wife

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 18888. AGE: Years Months Days If less than one day  
58 5 21 hrs. min.9. Birthplace Shiloh, Ind. Md.  
(Town, county, and state)10. Usual occupation Bookkeeper

## 11. Industry or business

12. Name James Wiley Haet13. Birthplace Md.14. Maiden name Green Anna Brown15. Birthplace Md.16. Informant Virginia HaetAddress Baltimore, Md.17. Burial Date thereof Dec. 31, 1946  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory St. Paul's ChurchyardLocation Baltimore, Md.18. Funeral director Reid & SonsAddress Baltimore, Md.19. 12/31 46  
(Date rec'd by registrar)Wm. J. Green  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1946 at 1:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 18 1946 to Dec. 29 1946 and that I last saw him alive on Dec. 28 1946Immediate cause of death Complications of the gallbladder  
DURATION 8400

Due to

Other conditions Secondary carcinoma of the liver and gallbladder  
(Include pregnancy within 3 months of death)Major findings of operations same  
Date of op. May 15, 46Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Kurt L. Lederer M.D.  
Address Green Anna Haet M. D. or other  
Date signed 12/31

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

## CERTIFICATE OF DEATH

11915  
Reg. Dist. No. 600

### 1. PLACE OF DEATH:

County Caroline  
City or town Goldsboro Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 15 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Caroline  
City or town Goldsboro Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Robert H. Hutson

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife E. Clay V.

7. Birth date of deceased (mo., day, yr.) April 8 - 1859 8. (c) If alive, give age 74 years

8. AGE: Years 87 Months 8 Days 23 If less than one day  
hrs. min.

9. Birthplace Goldsboro Caroline, Md.  
(Town, county, and state)

10. Usual occupation Saw Mill Operator

11. Industry or business

12. Name William Hutson

13. Birthplace Maryland

14. Maiden name Elizabeth Holckner

15. Birthplace Maryland

16. Informant Mrs. E. Clay Hutson

Address Goldsboro Md.

17. Burial Greensboro Date thereof 1/4/47  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Greensboro Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro, Md.

19. Jan. 2, 1947 a clock mch Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1946 at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/30 to 12/31

and that I last saw him alive on 12/29

Immediate cause of death Heart Failure

Due to Arteriosclerotic Changes

Due to Age

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

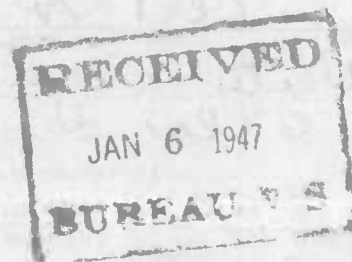
23. SIGNATURE E. G. Silver M. D. or other

Address Goldsboro Date signed 1/3/47

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

## CERTIFICATE OF DEATH

11916

Reg. Dist. No. 600

## 1. PLACE OF DEATH:

County.....*Caroline*  
 City or town.....*Goldsboro Rural*  
 (If outside city or town limits, write RURAL and give nearest town)  
*50 yrs.*  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State.....*Maryland* County.....*Caroline*  
 City or town.....*Goldsboro Rural*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....☒

## 3. (a) FULL NAME

*George F. Kemp*

## 3. (b) Social Security Number

4. Sex

*Male*

5. Color or race

*White*

6. (a) Single, married, widowed, or divorced

*Married*

6. (b) Name of husband or wife

*Mary K.*

7. Birth date of deceased (mo., day, yr.)

*Feb. 12 1884*

8. (c) If alive, give age

*68 years*

8. AGE:

Years	Months	Days	It less than one day
<i>68</i>	<i>10</i>	<i>0</i>	.....hrs. ....min.

9. Birthplace

*Milton Kent Del.*  
(Town, county, and state)

10. Usual occupation

*Farmer*

11. Industry or business

*John W. Kemp*

12. Name

*Del.*

13. Birthplace

*Liza A. Scott*

14. Maiden name

*Del.*

15. Birthplace

*Mrs. Mary K. Kemp*

16. Informant

*Goldsboro Md.*

17. Burial

*MA. O live*

18. Cemetery or crematory

*Near Goldsboro Md.*

19. Funeral director

*Raymond B. Rawlings*

Address

*Goldsboro Md.*

12/14

*1946 A.C. Smith*

(Date recd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Dec. 12* 19*46* at *7:25 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Dec. 12 1946* to *12/12 1946*and that I last saw him alive on *12/12 1946*

Immediate cause of death

*Cerebral Hemorrhage*

Due to

*Hypertension*

Due to

*5 yrs.*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

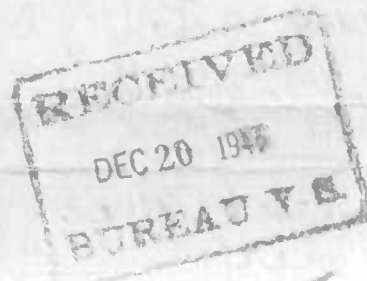
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

*J. Silver*Address *Goldsboro Md.* Date signed *12/13/46*



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

## CERTIFICATE OF DEATH

11917

Reg. Dist. No. 630

## 1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Near BethesdaHow long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Bethesda  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3. (a) FULL NAME

Robert Alan Milligan

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single6. (b) Name of husband or wife -6. (c) If alive, give age - years

## 7. Birth date of

deceased (mo., day, yr.)

December 21, 1946

## 8. AGE:

Years -Months -Days -

If less than one day

14 hrs. 30 min.

## 9. Birthplace

Preston, Maryland, R.F.D.  
(Town, county, and state)

## 10. Usual occupation

Infant11. Industry or business -

FATHER

## 12. Name

Norman E. Milligan

## 13. Birthplace

Hurlock, Maryland, R.F.D.

MOTHER

## 14. Maiden name

Mabel A. Sanders

## 15. Birthplace

Caroline County, Maryland

## 16. Informant

Norman E. Milligan

## Address

Preston, Maryland, R.F.D.17. Burial

(Burial, cremation, or removal, Which?)

Date thereof December 23 1946  
(month) (day) (year)

## Cemetery or crematory

Washington Cemetery

## Location

Near Hurlock, Maryland

## 18. Funeral director

J. J. Thompson & Son

## Address

Federalburg, Maryland19. 12/22

(Date rec'd by registrar)

19 46Caroline D. Ph...

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 19 46 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 21 19 46 to December 22 19 46and that I last saw him alive on December 22 19 46Immediate cause of death Pneumoniaand was not due to Pneumonia

## DURATION

1 dayDue to -Due to -Other conditions -

(Include pregnancy within 8 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE J. J. Thompson

M. D. or other

Address Preston, Maryland Date signed 12/22/46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

11918

Reg. Dist. No. 61

1. PLACE OF DEATH: *Caroline*  
 County *Greensboro*  
 City or town *29 yrs.*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State *Maryland* County *Caroline*  
 City or town *Greensboro*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME *Iola Owings Smith*

3. (b) Social Security Number

4. Sex *F.* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Widowed*

6. (b) Name of husband or wife *Arthur H. Smith*

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) *Sept. 6, 1885*

8. AGE: *61* Years *3* Months *14* Days If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace *Owings, Md.*  
 (Town, county, and state)

10. Usual occupation *Housewife*

11. Industry or business \_\_\_\_\_

12. Name *Harry P. Owings*

13. Birthplace *Md.*

14. Maiden name *Hattie Stansbury*

15. Birthplace *Md.*

16. Informant *Mrs. Kate Horn*

Address *4720 Woodbury Rd. Riverdale, Md.*

17. *Burial* Date thereof *12/23/46*  
 (Burial, cremation, or removal) (Which?) (month) (day) (year)

Cemetery or crematory *Greensboro*

Location *Greensboro, Md.*

18. Funeral director *Raymond B. Rawlings*

Address *Greensboro, Md.*

19. *Dec 23 46* Registrar *L. M. Pippin*  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Dec. 20* 19 *46* at *8:15 P. M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *December 19, 1946* to *Dec. 20, 1946*

and that I last saw him/her alive on *December 20, 1946*

Immediate cause of death *Crown Occlusion* DURATION *1 day*

Due to *Chronic myocarditis*

Due to *Myocarditis*

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

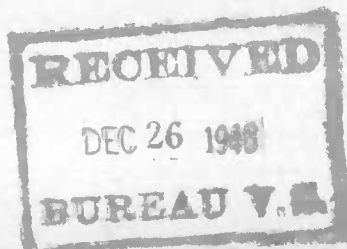
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE *Charles H. Stansbury*

Address *Greensboro, Md.* Date signed *12-23-46*



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 450

## CERTIFICATE OF DEATH

11919

Reg. Dist. No. 630

## 1. PLACE OF DEATH:

County Caroline  
 City or town Preston  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 14 years  
 Hospital, institution, or street address where death occurred:  
Easton Road  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Preston  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Easton Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

John J. Stanton

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Martha Stanton

## 6. (c) If alive, give age

- years

## 7. Birth date of

deceased (mo., day, yr.)

April 16, 1860

## 8. AGE:

Years

86

Months

8

Days

8

If less than one day

hrs.

min.

## 9. Birthplace

Dorchester County, Maryland

(Town, county, and state)

## 10. Usual occupation

Retired Mason

## 11. Industry or business

Concrete and Brick

## FATHER

## 12. Name

Thomas J. Stanton

## 13. Birthplace

Virginia

## MOTHER

## 14. Maiden name

Mary Ann Vickers

## 15. Birthplace

Dorchester County, Maryland

## 16. Informant

Robert L. Stanton

## Address

Preston, Maryland

## 17.

(Burial, cremation, or removal. Which?)

Burial

## Date thereof

December 27, 1946

(month) (day) (year)

## Cemetery or crematory

Galestown Cemetery

## Location

Galestown, Maryland

## 18. Funeral director

J. J. Frampton and Son

## Address

Federalburg, Maryland

## 19.

(Date rec'd by registrar)

12/271946C. D. Plummer

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1946, at 6:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 20 1946, to December 24 1946and that I last saw him alive on December 21 1946Immediate cause of death Myocardial infarctionSecondary Cell Curvature ofLumbar Spine + JointDue to Secondary Cell Curvature ofLumbar Spine + JointDue to Secondary Cell Curvature ofLumbar Spine + JointOther conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Preston, Maryland Date signed 12/27/46

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DEC 30 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77

## CERTIFICATE OF DEATH

11920

Reg. Dist. No. 620

## 1. PLACE OF DEATH:

County Caroline  
 City or town Near Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 year  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Caroline  
 City or town Near Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Anna Stubbs

## 3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced widow6.(b) Name of husband or wife William E. Stubbs, Dec'd7. Birth date of deceased (mo., day, yr.) May 31<sup>st</sup> 18588. AGE: Years 88 Months 6 Days 20 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Easton Talbot County  
(Town, county, and state)10. Usual occupation at home

11. Industry or business

12. Name Julia Boyd13. Birthplace Maryland14. Maiden name Margaret Will15. Birthplace Maryland16. Informant Nurs Samuel SchuylerAddress Rd Denton, Md17. Burial Date thereof 12-22-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Olivet CemeteryLocation Near Saldsho. Md.18. Funeral director J. Thigil Munn + SonAddress Denton, Md19. 12-22-46 M. D. P. Jones  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 20<sup>th</sup> 1946 at 5 P. M21. CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1941 to December 20 1946and that I last saw him alive on Dec 19 1946Immediate cause of death arteriosclerosis DURATION 6 yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

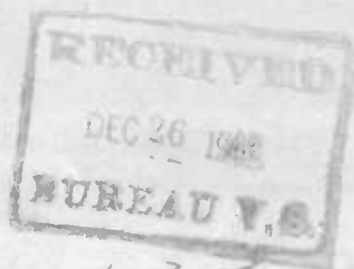
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Paul Thigil Munn M. D. or other \_\_\_\_\_Address Denton, Md Date signed 12/21/46



1-35

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 167

## CERTIFICATE OF DEATH

Reg. Diat. No. 11921 658

1. PLACE OF DEATH: *Caroline*  
County.....  
City or town.....*Ridgely Rural*  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death.....  
Hospital, institution, or street address where death occurred:

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For born infants give residence of mother)  
*Caroline*  
State.....*Maryland* County.....  
City or town.....*Ridgely Rural*  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME  
*James Olie Thomas*

3. (b) Social Security Number  
*R13-16-7938*

4. Sex.....*Male* 5. Color or race.....*Black* 6. (a) Single, married, widowed, or divorced.....*Married*  
6. (b) Name of husband or wife.....*Louise J. Thomas*

7. Birth date of deceased (mo., day, yr.).....*Jan. 6 1904* 8. (c) If alive, give age.....*36* years

8. AGE: Years.....*42* Months.....*11* Days.....*19* If less than one day..... hrs. .... min.

9. Birthplace.....*Ridgely Caroline Md.*  
(Town, county, and state)

10. Usual occupation.....*Tailor*

11. Industry or business.....

12. Name.....*Douglas Thomas*

13. Birthplace.....*Ridgely Md.*

14. Maiden name.....*E. Travis*

15. Birthplace.....*Ridgely Md.*

16. Informant.....*Mrs. Louise Thomas*

Address.....*Ridgely Md.*

17. Burial.....*Burial* Date thereof.....*12/29/46*  
(Burial, cremation, or removal, which?) (Month) (day) (year)

Cemetery or crematory.....*Thomas Town*

Location.....*Near Ridgely Md.*

18. Funeral director.....*Raymond B. Sawling*

Address.....*Greensboro, Md.*

19. *Jan 28* 19*46*  
(Date rec'd by registrar)

MEDICAL CERTIFICATION  
20. DATE OF DEATH.....*Dec. 25 1946* *6 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....*19*..... to.....*19*.....  
and that I last saw h..... alive on.....*19*.....

Immediate cause of death.....

*Hemorrhage*

Due to.....*State wound in left chest*

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Antopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide.....*Home* Date of.....*12/25/46*

Where did injury occur?.....*Ridgely Caroline Md.*  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....*Public place*

Means of Injury.....*Stabed in left chest* Injured at work?

23. SIGNATURE.....*Lawsor, J. George*  
Address.....*Greensboro, Md.* Date signed.....*1/2/47*

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 30 1945

BUREAU V.S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

## CERTIFICATE OF DEATH

11922

Reg. Dist. No. 648

## 1. PLACE OF DEATH:

County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 years  
 Hospital, institution, or street address where death occurred:  
210 Academy Avenue  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 210 Academy Avenue  
 (If rural, give LOCATION)  
 2(a) If veteran, name war World War I

## 3. (a) FULL NAME

William P. Weiss

## 3. (b) Social Security Number

473-12-0218

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Dorothy F. Weiss  
 6. (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) August 29, 1891

8. AGE: Years 55 Months 3 Days 21 If less than one day  
 hrs. min.

9. Birthplace Masticoke, Pennsylvania  
 (Town, county, and state)

10. Usual occupation Civil Engineer

11. Industry or business Construction

FATHER 12. Name August Weiss

13. Birthplace Germany

MOTHER 14. Maiden name Susanna Von Boeck

15. Birthplace Germany

16. Informant Mrs. Dorothy F. Weiss

Address Federalburg, Maryland

17. Removal Date thereof December 24, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hansen Cemetery

Location Wickes - Barre, Pennsylvania

18. Funeral director J. J. Frampton and Son

Address Federalburg, Maryland

19. December 20, 1946  
 (Date rec'd by registrar)

J. J. Frampton  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 20, 1946, at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1943 to 12/20/46

and that I last saw him alive on 12/20/46

Immediate cause of death Coronary Thrombosis DURATION 1 hr.

Due to Chronic myocarditis 3 yrs.

Hypertension 3 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

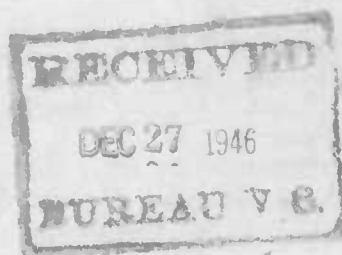
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Andersen M.D.

Address Federalburg, Md. Date signed 12/20/46



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (928)

## CERTIFICATE OF DEATH

Reg. Dist. No. 11923 620

## 1. PLACE OF DEATH:

County Caroline  
 City or town Near Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 7<sup>th</sup> 1932  
 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 14 Months 3 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Near Denton Md  
 (Town, county, and state)

10. Usual occupation at home

11. Industry or business

12. Name Merle Wilhelm13. Birthplace Maryland14. Maiden name Flora Smith15. Birthplace Maryland16. Informant Merle WilhelmAddress Box 1 Denton, Md.17. Buried Date thereof 12-22-46

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Burrowsville, MarylandLocation Wesley M. E. Church Cemetery18. Funeral director J. Virgil Brown & Co.Address Denton, Md.19. 12-22-46 19 46 Mr. A. D. Gage

(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Near Denton  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 19 46 at 10:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 8 19 46 to Dec. 19 19 46

and that I last saw him alive on Dec. 16 19 46

Immediate cause of death \_\_\_\_\_ DURATION

Pneumonia heart disease 9 moInitial symptoms and respirationsDue to Pneumonia feverRecurrent - 6/29/46 to 8/1/41Due to Pneumonia fever2/8/46 to 12/19/46

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Dr. Paul H. Smith M.D.Address Denton Md M. D. or other \_\_\_\_\_Date signed 12/21/46



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